

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1120**
Registrar's No. **326**

JAN 30 1943

149

Registration District No.

Primary Registration District No.

1002

1. PLACE OF DEATH:

(a) County **Jackson,**
(b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2755 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO.** (Specify whether)
In this community **50 years,**
years, months or days)

3. (a) PRINT FULL NAME **Frank Hauser, Sr.**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Hauser,** 6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **May 16 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 4 hr. min.

9. Birthplace **Hungary** (City, town, or county) (State or foreign country)

10. Usual occupation **at home.**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Unknown,**
13. Birthplace **Unknown,** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown,**
15. Birthplace **Unknown,** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Hauser,**
(b) Address **2755 Cherry, Kansas City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-23-43** (Month) (Day) (Year)
(c) Place: burial or cremation **St. Marys Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **1-22-43** (Date received local registrar) (b) **M. M. Grone** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson,**
(c) City or town **Kansas City,**
(If outside city or town limits, write "RURAL")
(d) Street No. **2755 Cherry,**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **20th**
year **1943** hour **5:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 1**, 19**43**, to **Jan 20**, 19**43**
that I last saw him alive on **Jan 18**, 19**43**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis and a nephritis**

Due to **Excessive use of alcohol and**
Due to **a prostatic infection**

Other conditions **131 B**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **None**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature **Jas. W. Graham** (M. D. or other)
Address **118 Angell Bldg.** Date signed **1/21/43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Jas. W. Graham,

anyle 3d

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. P. Allen

Licensed Embalmer No. *1416*

P. O. Address. *J. P. Allen*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.